

RECEIVED

POSITION	DATE	ID NO.	DATE
CLASSIFIER	MAR -4 AM 10:02	10	2-22-93
EXAMINER	GROUP 350	913	2-22-93
TYPIST	SEJ	331	2/22/93
VERIFIER		204	2-22-93
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

### INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
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#### SYMBOLS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral) Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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Original	
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